Centre intégré
de santé
et de services sociaux
de la Montérégie-Est

Québec 🏵🏵

Identity disclosure registration form

This registration form is to obtain, for the adoptee, his identity of origin as well as his parents of origin. For the parent of origin, this registration form is to obtain the surname and given names of the child following the adoption, once he has attained 18 years of age.

Status: I am doing the request as a:

☐ adoptee

☐ adoptable person but not adopted

☐ parent of origin

☐ sibling of origin (brother, sister) of an adoptee

A. Information on the identity of the person completing the form

Surname_____

Given name _____

Date of birth (year / month / day) _____

Sex: Female ☐   Male ☐

Health insurance number (optional) _____

Social insurance number (optional) _____

Current address (number, street, apartment, city, province, postal code)
_____
_____

Telephone number

Home: _____ Work: _____

Cellular: _____

Email: _____

Surname(s) and given name(s) of your mother, as shown on your current birth certificate (for the purpose of confirmation of your identity)
_____

B. Application

Complete the section according to your status. If you are:
- an adoptee or an adoptable person but not adopted, complete section 1;
- a parent of origin, complete section 2;
- a sibling of origin (brother, sister) of an adoptee, complete section 3;

Section 1 – Application by an adoptee or an adoptable person but not adopted

IMPORTANT
If you are under 14 years old, you must attach to the applicant the authorisation of your adoptive parent(s) or your tutor.

Object of the request:
For each of the following statements, answer yes or no by checking the appropriate box.

	YES	NO
1. I wish to obtain my surname(s) and given name(s) of origin.	☐	☐
2. I wish to obtain the surname(s) and given name(s) of my mother of origin.	☐	☐
3. I wish to obtain the surname(s) and given name(s) of my father of origin.	☐	☐
4. I wish to obtain the surname(s) and given name(s) of my sibling of origin if he or she requested the disclosure of information concerning my identity.	☐	☐
5. I wish to obtain information allowing me to contact my sibling of origin (reunions) if he or she has requested to contact with me.	☐	☐

Information to provide
For each item of information requested below, be as precise as possible.

Your surname(s) and given name(s) at birth (if known):

_____

Your place of birth (e.g. name of hospital, nursery, birth center, orphanage, private maternity home, city, region, province, etc.):

_____

_____

Surnname(s) and given name(s) of your adoptive parent(s):

_____

Place of residence of your adoptive parent(s) at the time of your adoption:

_____

Personal information on the person(s) sought (if known)

	Mother of origin	Father of origin
Surname(s) at birth		
Given name(s) at birth		
Date of birth (year/month/day)		
Place of birth		
Place of residence at the time at birth		

Section 2: Application by a parent of origin

Information concerning the child entrusted for adoption
For each idem of information requested below, be as precise as possible.

Surname(s) and given name(s) at birth of the child entrusted for adoption (if known):

_____

Date of birth of the child entrusted for adoption (year / month / day): _____

Sex   Female ☐   Male ☐

Pseudonym or name of the biological mother used at the time of the birth of the child (if applicable):

_____

Place of birth (e.g. name of hospital, nursery, birth center, orphanage, private maternity home, city, region, province, etc.):

_____

_____

Section 3: Application by of a sibling of an adoptee

Important
Indicate your relationship of origin with the person sought:

☐ maternal   ☐ paternal

Object of the application:
For each of the following statements, answer by yes or no checking the appropriate box.

	YES	**NO**
1. I wish to obtain the surname(s) and given name(s) of my sibling of origin if he or she has requested the disclosure of information concerning my identity.	☐	☐
2. I wish to obtain information allowing me to communicate with my sibling of origin if he or she has requested to contact with me (reunions)	☐	☐

Information concerning the person(s) sought
For each item of information requested below, be as precise possible.

Surname(s) and given name(s) given at birth (if known):
_____

Date of birth (year / month / day): _____

Place of birth (e.g. name of hospital, nursery, birth center, orphanage, private maternity, city, region, province, etc.):
_____

Personal information concerning the parents of origin of the person sought (if known):

Parents of origin of the sibling (if known):	Mother of origin	Father of origin	Sibling of origin
Surame(s) at birth			
Given name(s) at birth			
Date of birth			
Place of birth			
Place of residence at the time of birth			
Living or deceased person*			

* In the case of a deceased person, attach a proof of death if possible

C: Signature and pieces of identification

In witness whereof, I have signed in _____
                                                                    (city)

on this _____day of the month of _____ of the year _____.

Signature: _____

PIECES OF IDENTIFICATION

If your are an adoptee, an adoptable person but no adopted, a parent of origin, an adoptive parent or a sibling of origin, attach to the form, a copy of **two (2)** official *pieces of identification, at least one of which bears your photo and your signature.

If you are an adoptee under 14 years old of age, attach to the form:
- the authorisation of your adoptive parent(s) or your tutor, accompanied by a copy of **two (2)** official *pieces of identification, at least one of which bears a photo and his or her signature;
- a copy of **two (2)** official *pieces of identification, at least one of which bears your photo and your signature.

*The official pieces of identification accepted are the health insurance card, the driver's licence, the birth certificate, the passport, the Canadian citizenship card.

You may also attach a copy of any documents you consider useful for the processing of your application.

RETURN OF THE FORM

The completed document must be sent by mail to the following address:

Équipe centralisée Info Adoption
575 Adoncour,
Longueuil, Qc
J4G 2M6